

Please print or type clearly. If the EC-1 form is unreadable, incomplete, or does not contain all information required, it may be sent back to you without action.

Submit the EC-1 form to your Personnel Office or Department Personnel Officer (DPO) for verification, signature, and routing.

SECTION A - EMPLOYEE DATA

1. If you are a new employee or are changing your employment status from part time to full time employment, please mark the New Hire block and enter the effective date of hire.
2. Mark the Open Enrollment block only during the annual Open Enrollment period.
3. If you have any changes to be made during the year, check the Mid-Year Event Changes block and enter the date of the event. The following are some of the most common events: Address Change, Birth, Divorce, Loss of Coverage, Acquisition of Coverage, Marriage, New Hire, Retirement, Death, Termination, Transfer In, Transfer Out, etc. If there are simultaneous events, please describe the most prevalent event. For example, if the event is a birth and an address change, enter Birth in the event section.
4. Enter your full legal name as recorded on your Social Security card.
5. Enter your address information. If your mailing address differs from your residential address, you need to enter both addresses to ensure that correspondence timely reaches you.
6. If you are enrolling with the EUTF for the first time, you are required to provide your Social Security number.

*** Section 7(b), of the Privacy Act of 1974 (Public Law 93—579) requires that any federal, state, or local governmental agency which requests an individual to disclose their Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) requests each employee-beneficiary's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other entities for identification purposes, the EUTF may be unable to verify eligibility for benefits without the Social Security account number. The EUTF uses Social Security account numbers for the following purposes: 1. Employee-beneficiary identification for eligibility processing and eligibility verification; 2. Payroll premium deduction from paychecks for state/county employees; 3. Eligibility file to carriers; 4. Completion of 1099's for employee-beneficiaries with domestic partners. ***

SECTION B – COVERAGE SELECTIONS

1. Carefully review each selection that you make. You can choose ONE Medical, ONE dental, and ONE vision plan. Your choice of the prescription drug plan will depend on the MEDICAL plan that you select. If you select an HMO, HDHP, or a Supplemental plan, your medical selection also will include a prescription drug plan. If you select a PPO plan, you must select the prescription drug plan if you want drug coverage. If you don't make a selection, you will not have any prescription drug coverage.
2. You may now choose to elect only the Medical PPO plan without the Prescription Drug plan or vice versa. If you want both the medical and drug plans, please mark the appropriate blocks. Select one plan from the Medical plans and the appropriate coverage for you. If you do not want any plan coverage, mark the "Cancel/Waive" box. To be eligible for Supplemental Medical plan coverage, you must have other medical coverage from another source, not sponsored by your employer.
3. The RSN ChiroPlan is included with all medical plans except for the EUTF High Deductible Health Plan (HDHP).
4. If you have other health plan coverage and do not want to participate in the EUTF plans, select Cancel/Waive for each plan that you choose not to select.
5. Life insurance is provided for the employee only.
6. FOR STATE EMPLOYEES ONLY: Premium Conversion Plan (PCP) - PCP is a voluntary benefit plan, administered by the Department of Human Resources Development (DHRD) that allows employees to purchase their health benefit plans on a pre-tax basis and is being offered pursuant to Section 125 of the Internal Revenue Code. For more information, go to the DHRD website at <http://hawaii.gov/hrd/>. The PCP-2 form is not required for Open Enrollment. For all other qualifying events, please inquire with your DPO or DHRD on completing a PCP-2 form.
-Select Enroll, Do Not Enroll, Change Amount, or Cancel PCP.

FOR COUNTY EMPLOYEES ONLY: Premium Conversion Plan (PCP) - PCP is administered by the Budget and Fiscal Services Department. Please contact your Department Personnel Office for more information.

SECTION C - DEPENDENT INFORMATION AND COVERAGE SELECTIONS

1. Enter your Dependent(s) data. If enrolling your dependent for the first time, enter their birth date and social security number. Otherwise, you may leave the birth date blank and list your dependent's EUTF ID number. If making changes to your dependent's data, enter the corrected item. If listing more than 7 dependents, write/type "Continued" on the last line of the Dependent section. Attach a separate sheet of letter size paper to list additional dependent(s) information.
2. Use the following Relationship codes:

SP = Spouse	CH = Child	DC = Disabled Child [✓]
DP = Domestic Partner [✓]	DPC = Domestic Partner Child [✓]	GC = Guardianship or Foster Child

3. For Relationship codes with √ or √ √, please see item #9 below for other required forms.
4. Gender - Mark either M or F.
5. Plan Selections. YOUR DEPENDENTS CAN BE ENROLLED ONLY IN THE SAME PLANS IN WHICH YOU ARE CURRENTLY ENROLLED. If you do not want any plan coverage for any of your dependents, mark the "Cancel/Waive" box.
6. Dependent certification. Your initials confirm that you are certifying that all of your dependent children are eligible to be enrolled under your enrollment. You confirm that you will provide a copy of your child(ren)'s birth certificate and/or social security card if/when requested by the EUTF.
7. Student certification. Your initials confirm that you are certifying that all of your dependent children ages 19 through 23, are eligible to be enrolled under your enrollment as students. You further confirm that you will provide proof of student status if/when requested by the EUTF.
8. If you are enrolling a domestic partner (and children), you are required to complete all required forms in accordance with the instructions for Domestic Partners. You are responsible to obtain, complete and submit all necessary documentation to the EUTF. Failure to do so will result in denying your domestic partner coverage. You may add your Domestic Partner at anytime outside of Open Enrollment provided all required documents have been received. Visit the EUTF website at eutf.hawaii.gov for detailed instructions regarding domestic partnership.
9. Other EUTF and/or DRHD forms to include with EC-1 (if applicable):
 - √ EUTF Declaration of Domestic Partnership or EUTF Declaration of Termination of Domestic Partnership
 - √ Affidavit of "Dependency" for Tax Purposes (For Domestic Partnerships)
 - √ DHRD Domestic Partnership Acknowledgement Form (State Employees with PCP enrolling Domestic Partners)
 - √ DHRD PCP 2 form (For State Employees Only)
 - √ √ Disability Certification For Dependent Children (Form D-1) for enrolling a disabled child
 - √ √ √ Legal documents for guardianship or foster child

SECTION D – OTHER INSURANCE INFORMATION

1. If any of your dependents have health benefit coverage through another employer's health plan(s), you are required to complete this section. If you selected a supplemental medical plan, you are required to complete this portion.
2. The information that you provide does not determine how your benefits are coordinated. COB rules are determined by the health benefit plans and follow the guidelines of the National Association of Insurance Commissioners (www.naic.org).

SECTION E - EMPLOYEE SIGNATURE AND AUTHORIZATION

Your signature certifies that the information provided in this application is true and complete. You also agree to abide by the terms and conditions of the benefit plans selected. You are authorizing your employer or finance officer to make the pre-tax or after tax deductions, adjustments or cancellations from employee's salary, wages, pension or other compensation for the monthly employee contribution in accordance with applicable laws, rules and regulations.

You must submit the EC-1 through your personnel office. Your personnel office confirms that you are a current employee and are eligible for health benefits through the EUTF.

EMPLOYER VALIDATION [for EMPLOYER USE ONLY]

- Department ID code - please enter your appropriate Department ID code, For example, 010021 for Department of Education, 010022 for University of Hawaii, 010053 for Budget and Finance, etc.
- Department and Division/School - Please enter the appropriate information.
- Bargaining Unit number - Please enter the appropriate bargaining unit for this employee.
- Enter the date the EC-1 was received from the employee. The date recorded should be the date that the **employer** received the Form EC-1, not the date the DPO/employer designee received it.
- Please provide contact phone and fax numbers.
- DPO/employer designee signature certifies that the employee-beneficiary is eligible for coverage through the EUTF as defined in Chapter 87A, Hawaii Revised Statutes.
- Enter date the EC-1 was signed by the DPO/employer designee.
- Remarks.